

WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP
PATENT AND TRADEMARK ATTORNEYS

BANK ONE CENTER/TOWER
111 MONUMENT CIRCLE, SUITE 3700
INDIANAPOLIS, INDIANA 46204-5137
Main: (317) 634-3456 Fax: (317) 637-7561
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FAX COVER SHEET

Date: Wednesday, March 23, 2005

Number of Pages: Cover sheet plus 18 page(s)

To: Examiner Ninh Nguyen
Company: U.S.P.T.O.
Your Reference: Serial No. 10/705,207
Fax Number: 703-872-9306

From: John V. Daniluck (jdanyluck@uspatent.com)
Our Reference: 8016-608

Comments:

Included with this facsimile:

1. Transmittal form
2. Fee transmittal
3. Credit Card Payment Form
4. Response to Office Action
5. Supplemental IDS with citation list

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8016-608:JVD:336574

WEMHHSB/21 (8/04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/705,207	
	Filing Date	November 10, 2003	
	First Named Inventor	Timothy D. Britt et al.	
	Art Unit	3745	
	Examiner Name	Ninh Nguyen	
Total Number of Pages in This Submission	18	Attorney Docket Number	8016-608

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Credit Card Payment Form <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and citation list - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	John V. Daniluck Woodard Emhardt, Moriarty, McNitt & Henry LLP
Signature	<i>John V. Daniluck</i>
Date	23 March 2005

CERTIFICATE OF FACSIMILE			
I hereby certify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 703-872-9306 on March 23, 2005.			
Typed or printed name	John V. Daniluck		
Signature	<i>John V. Daniluck</i>	Date	23 March 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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8016-608:JVD:336571

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WEBSH/5B/17 (12/04)

FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**180**

Complete If Known

Application Number	10/705,207
Filing Date	November 10, 2003
First Named Inventor	Timothy D. Britt et al.
Group Art Unit	3745
Examiner Name	Ninh Nguyen
Attorney Docket Number	8016-608

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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_____ -20 or HP = _____ x _____ = _____ Fee (\$)

(HP = highest number of total claims paid for, if greater than 20)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____ -3 or HP = _____ x _____ = _____ Fee (\$)

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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_____ = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other: Supplemental IDS

\$180

SUBMITTED BY:

Name (Print/Type):	John V. Daniluck	Registration No.:	40,581	Telephone:	(317)634-3456
Signature:		(Attorney/Agent)		Date:	23 March 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 703-872-9306 on March 23, 2005:

Name (Print/Type):	John V. Daniluck
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